

**CLAIMS ONLY**

Application Number

*10816954*

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
65						
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72						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

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101816454

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